

**REQUEST FOR ROOM RESERVATION**

State Form 45292 (R11 / 6-06)

Room reservations are filled on a first-come, first-served basis. This form is only a request and does not guarantee a room until it is processed and confirmed by the Conference Center.

Department of Administration**Conference Center**

Telephone (317) 233-3117

Fax (317) 233-0011

conference@idoa.state.in.us

We are not staffed as a full-service conference facility. Your careful attention to detail in the planning stages is very important. We also do not have the full range of equipment that can be found in a full-service facility. Please be mindful of this and request only the equipment that you really need. We will do our best to handle your request, but there may be times when you will have to go to a vendor to rent equipment.					
Name of Agency Sponsoring Event		Division		Section	
Contact Person		Telephone Number		Fax Number	
Address (Building & Room Number)		E-mail			
Name of Event					
Date of Event (please include alternate dates)			Please Include Alternate Dates		
Event Start Time		AM	PM	Need access before start?	AM PM
Event End Time		AM	PM	Need access after end?	AM PM
If you plan to serve food or have displays, this must be handled at the time of the reservation.					
<input type="checkbox"/> Food Service Planned _____ <input type="checkbox"/> Displays Planned _____					
<input type="checkbox"/> Using The Café Group <input type="checkbox"/> Using Other Licensed Caterer (please specify) _____					
<input type="checkbox"/> Event takes place or ends after 6:00 during a working day. IT IS YOUR RESPONSIBILITY TO NOTIFY THE CAPITOL POLICE.					
<input type="checkbox"/> Event takes place over a weekend or holiday. IT IS YOUR RESPONSIBILITY TO NOTIFY THE CAPITOL POLICE.					
<input type="checkbox"/> State employees who do not normally park in the garages will be attending. IT IS YOUR RESPONSIBILITY TO GET A LIST OF THOSE EMPLOYEES TO THE PARKING GARAGES TO FACILITATE THEIR PARKING AND TO EASE TRAFFIC CONGESTION.					
Set Up Requested			Equipment Requested		
Total Number of People Attending: _____					
<input type="checkbox"/> Conference (closed or hollow square)			<input type="checkbox"/> Podium w/ Microphone		
<input type="checkbox"/> Horseshoe			<input type="checkbox"/> Podium w/out Microphone		
<input type="checkbox"/> Horseshoe # _____ + Audience # _____			<input type="checkbox"/> Microphone (to amplify) # _____		
<input type="checkbox"/> Horseshoe # _____ + Classroom # _____			<input type="checkbox"/> Microphone (to record) # _____		
<input type="checkbox"/> Theatre / Audience			<input type="checkbox"/> Microphone (to do both) # _____		
<input type="checkbox"/> Classroom (seated at tables)			<input type="checkbox"/> Lapel Microphone # _____		
<input type="checkbox"/> Hearing Style (include diagram)			<input type="checkbox"/> Cassette Recorder		
<input type="checkbox"/> Head table # _____			<input type="checkbox"/> Cassette/CD Player/Recorder		
<input type="checkbox"/> Food Service Table # _____			<input type="checkbox"/> VCR/Monitor		
<input type="checkbox"/> Registration Table # _____			<input type="checkbox"/> VCR/Monitor (Close Captioned)		
<input type="checkbox"/> Display Table # _____ (limitations apply)			<input type="checkbox"/> ELMO Visual Presenter		
<input type="checkbox"/> Special arrangement (include description)			<input type="checkbox"/> Mixer		
			<input type="checkbox"/> Other: _____		
			<input type="checkbox"/> Overhead Projector		
			<input type="checkbox"/> Slide Projector		
			<input type="checkbox"/> Laser Pointer		
			<input type="checkbox"/> LAN Connection		
			<input type="checkbox"/> Easel		
			<input type="checkbox"/> Flipchart		
			<input type="checkbox"/> Whiteboard		
			<input type="checkbox"/> Screen		
			<input type="checkbox"/> Telephone		
			<input type="checkbox"/> Speaker Phone		
			<input type="checkbox"/> Conference Phone		
			<input type="checkbox"/> Mult Box		
Special Request/Special Arrangement/Room Diagram:					
AUDITORIUM REQUEST ONLY: Total Number of People Attending: _____					
<input type="checkbox"/> Podium w/out Microphone		<input type="checkbox"/> Lapel Microphone # _____		<input type="checkbox"/> CD	
<input type="checkbox"/> Podium w/ Microphone <input type="checkbox"/>		PowerPoint Presentation (use our system, bring disk)		<input type="checkbox"/> Cassette	
<input type="checkbox"/> Head Table for # _____ <input type="checkbox"/>		Internet Presentation (use our system)		<input type="checkbox"/> VCR	
<input type="checkbox"/> Microphone for Head Table # _____		<input type="checkbox"/> Visual Presentation (ELMO/overhead)		<input type="checkbox"/> Laser Pointer	
<input type="checkbox"/> Floor Microphone # _____		<input type="checkbox"/> Assistive Hearing Devices will be needed # _____		<input type="checkbox"/> Mult Box	
<input type="checkbox"/> Tables in Atrium for Food # _____		<input type="checkbox"/> Tables in Atrium for Registration # _____		<input type="checkbox"/> Cassette Recorder	
*PowerPoint: You must use our computer for this presentation. We have PowerPoint 2000. This software will read PowerPoint 97, 98 and 2000. Please use the "Pack and Go" function found in "File" of your PowerPoint program and download the presentation to floppy disks, a zip disk or CD. For a better presentation of this particular room, do not use a dark background on your slides.					
Please be advised that this is a request form only. Presentations requiring presence of staff to change modes may require that the requesting agency hire professional audio-visual staff for the event.					
CONFERENCE CENTER OFFICE USES ONLY					
Date Received	Problems, if any, were addressed by:		This event involves multiple rooms or multiple days. Pre-Conference Review sheets sent.		Confirmation Sent
Date Received	Room(s)	Staff	This event involves multiple rooms or multiple days. Pre-Conference Review sheets sent		Contact sent